PHD INTERNSHIP APPROVAL FORM

TO BE COMPLETED AT LEAST 3 WEEKS BEFORE INTERNSHIP START DATE

PETITION

STUDENT INFORMATION		
Name	UID	
	Phone	
Faculty Advisor	Department	
Year of Program Start		
I certify that that I am in good academic	standing in the Doctoral Program (initial)	
REQUIRED SIGNATURES		
Doctoral Student Name	Signature	Date
Faculty Advisor Name	Signature	Date
PhD Liaison Name	Signature	Date
PhD Program Director Name	Signature	Date
Your petition will not be considered completed advisor in the Grad Center, at least 3 weeks	before your internship start date.	IIP DETAILS INTERNSHIP
Name of Company		IIII
Location		
☐ Full-time Internship (more than 2 ☐ Part-time Internship (20 hours pe	•	
Internship Start Date Ir	nternship End Date	
☐ Paid Pay Rate ☐ Unpaid		
Reason/relevance of internship to res	search and dissertation (please expl	ain):